Franklin County Residential Data Form Property Owner Property Address Taxing District Parcel # **RTG** Map 4. Date of Purchase Amount 5. Were any buildings **constructed** after date of purchase? No Yes Cost Year Description: 6. Were any buildings altered after date of purchase? (Proceed to Question 7) No (Describe Below) Exterior: Year: Cost: Interior: Year: Cost: Cost: Additions: Year: Bathrooms: Year: Cost: Plumbing: Year: Cost: Elect., Heating, Air Cond: Year: Cost: ALTERATIONS TO OTHER BUILDINGS Building: Alteration: Cost: Year: Building: Alteration: Year: Cost: **DWELLING DATA** 7. Year Constructed House: Garage: Other: 8. Story Height 1-1/12: 2: Other: 1: 9. Living Accommodations **Total Rooms:** Bedrooms: Family Rooms: Full Baths: Half Baths: Formal Dining: 10. Basement Slab: Crawl: Partial (size): Full (size): Unfinished: Finished (size): 11. Attic None: Unfinished: Finished: No. Rooms: Permanent Stairwell: Permanent Sub-Floor: 12. Heating Central: Space Heaters: None: No. Rooms: Gas: Electric: Oil: Coal: Solar: Solar: Steam: Hot Water: Forced Air: Baseboard/Radiant: Yes: No:

Fuel

Type

13. Central Air

14. Woodburning No:

1.

3.

Fireplace Yes: No. Stacks: No. Openings:

- 15. Is the dwelling's <u>Interior</u> condition <u>Relative</u> to its <u>Exterior</u> condition, Better The Same Poorer
- 16. Please indicate other pertinent information:

DATE SIGNATURE_ **PHONE**

ADDRESS(IF DIFFERENT THAN ABOVE)

PLEASE ATTACH THIS SHEET TO THE BOARD OF REVISION COMPLAINT FORM